

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10749827

FILING DATE
12/31/03

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7		①					
8	/						
9							
10	/						
11	/						
12	/						
13	/						
14		②					
15							
16	/						
17	/						
18	/						
19	/						
20	/						
21	/						
22	/						
23	/						
24	/						
25	/						
26	/						
27	/						
28	/						
29	/						
30	/						
31	/						
32		③					
33	{						
34	1						
35							
36	④						
37							
38	⑤						
39							
40	⑥						
41	⑦						
42	⑧						
43	1						
44	⑨						
45	1						
46	⑩						
47	/						
48	/						
49	/						
50	/						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65	/					
66	/					
67	/					
68	/					
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	38					
TOTAL DEP.	30					
TOTAL CLAIMS	68					